

Date Received
TOWN CLERK

By: _____

Appendix B

Date Received
BOARD OF APPEALS

By: _____

**TOWN OF ACTON
APPLICATION FOR SPECIAL PERMIT
(ZONING BYLAW)**

Indicate the type of Special Permit Requested: Extension to a single family

Under Zoning Bylaw Section: 3.5.5

Refer to the "Rules and Regulations for Special Permits" available from the Planning Department for details on the information and fees required for this application. Contact the Planning Department at 978-929-6631 with any questions concerning the Rules. Incomplete applications may be denied.

Please type or print your application.

1. Location and Street Address of proposed SPECIAL PERMIT 122 Willow st, Acton
2. Applicant's Name NABIL MEZIANI
Address 122 Willow st Acton.
Telephone 617 863 0877 Email nabilmezin@gmail.com
3. Record Owner's Name NABIL MEZIANI
Address 122 Willow st
Telephone _____ Email _____
4. Surveyor Joseph March
Address 1000 Main st Acton
Telephone 978 263 8585 Email _____
5. Engineer _____
Address _____
Telephone _____ Email _____
6. Town Atlas Map(s)/Parcel Number(s) 160
7. Zoning District (s) of Parcel(s) _____
8. Detailed description of the proposed SPECIAL PERMIT (Please use additional pages if needed):
Please Read Details on Following page.
9. If any SPECIAL PERMITS have been filed previously for this site give file numbers: _____

The undersigned hereby apply to the Zoning BOARD of Appeals for a public hearing and a special permit under Section 10.3 of the Zoning Bylaw approving the attached use form.

The undersigned hereby certify that the information on this application and plans submitted herewith are correct, and that all applicable provisions of Statutes, Regulations, and Bylaws will be complied with. The above is subscribed to and executed by the undersigned under the penalties of perjury in accordance with Section 1-A of Chapter 268, General Laws of the Commonwealth of Massachusetts.

7/6/2016 _____
Date Signature of Petitioner(s) Signature of Petitioner(s)

RECORD OWNER'S KNOWLEDGE AND CONSENT

I hereby assert that I have knowledge of and give my consent to the application presented above.

7/6/2016 _____
Date Signature of Record Owner(s) Signature of Record Owner(s)